

<b>Case Number:</b>	CM14-0121791		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 63 year old male who suffered a left arm injury on 5/12/12. He was treated with a cubital tunnel release/medial condylar release in Dec '12 and did well post operatively. He had a second surgery on 10/24/13 that consisted of a left elbow arthroscopy with debridement/synovectomy and open lateral release. Subsequent to the 2nd surgery he had a prolonged post-surgical course with persistent pain and limitations. A 3rd surgery was requested to include a left carpal tunnel release and left medial head resection along with custom postoperative splinting. The rationale for requesting custom splinting in not documented in the records reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Post-operative custom splinting for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 12th edition, Elbow section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41 Table 4.

**Decision rationale:** MTUS Guidelines supports the use of elbow splints for several conditions including postoperative use. The Guidelines do not document the specific circumstances regarding the type of splint, but several off the shelf types are available and Guidelines do not encourage the use of custom splinting. The requesting physician does not give any explanation regarding the medical necessity or type (static or dynamic) of custom splint that is requested. Without additional information, it is reasonable to conclude that the custom splinting is not medically necessary.